

57454

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-006009**

SFUND RECORDS CTR
999000982

GENERATOR (Generator Must Complete)	③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)	④ Alternate TSD Facility
ALUMINUM COMPANY OF AMERICA, VERNON WORKS	OPERATING INDUSTRIES INC	CHEMICAL WASTE MANAGEMENT INC.
② Name	Name	Name
EPA NO. CAD074126681	EPA NO. CAD080012024	EPA NO. CAT000646117
Address 5151 ALCOA AVE. Phone No. 588-6141	Address 900 N. POTRERO GRANDE DRIVE	Address P.O. BOX 1104 430 W. ELM AVE.
City, State, Zip VERNON, CA 90058	City, State, Zip MONTEREY PARK, CA.	City, State, Zip COALINGA, CA.

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE				
WASTE				

CONTAINERS NUMBER: _____
TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS
☐ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER _____

⑥ WASTE CATEGORY #7	⑦ EX. HAZ. WASTE PERMIT NO.	⑧ GENERATING PROCESS ALUMINUM FABRICATION				
LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS	CONC. UPPER	RANGE LOWER	UNITS
⑨ A. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	E. _____		<input type="checkbox"/> % <input type="checkbox"/> ppm.
B. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	F. _____		<input type="checkbox"/> % <input type="checkbox"/> ppm.
C. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	G. _____		<input type="checkbox"/> % <input type="checkbox"/> ppm.
D. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material 100 %		
⑩ WASTE PROPERTIES: pH 7 <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen						
⑪ PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other ALUMINUM OXIDES & WATER						
⑫ SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other _____						

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬

Signature of Authorized Agent and Title

Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME **ASBURY OIL CO.**

EPA NO. **CAD028277036**

ADDRESS **13419 Halldale Avenue** **PHONE NO.** **(213) 321-1392**

CITY, STATE, ZIP **Gardena, California 90249**

⑮ PICK-UP DATE **5-5-82**

TIME _____ ☐ AM ☐ PM

⑯ **Signature of Authorized Agent and Title**

Date **5-5-82**

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME **Chemical Waste Mgmt Inc** **⑱ QUANTITY (If Measured)** **100 BBL**

EPA NO. **CAD080012024** **⑲ STATE FEE (If Any)** _____

PHONE NO. _____

⑳ HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☐ Landfill

☐ Injection Well ☐ Land Treatment

☐ Treatment (Specify) _____

☐ Recovery or Reuse ☐ Storage/Transfer

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

㉒ NAME _____

EPA NO. _____

㉓

Signature of Authorized Agent and Title

Date Accepted